



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
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7/4/01
APR 8/6



CONFIRMATION NO. 2369

Bib Data Sheet

SERIAL NUMBER 09/785,391	FILING DATE 02/15/2001 RULE	CLASS 370	GROUP ART UNIT 2662.	ATTORNEY DOCKET NO. 066303.0124
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APPLICANTS

Robert H. Whitcher, Austin, TX;
 David N. Miller, Austin, TX;
 Eric S. Parham, Austin, TX;

**** CONTINUING DATA *********FILE COPY****** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 04/05/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	8	26	3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Barton E. Showalter, Esq.
 Baker Botts L.L.P.
 6th Floor
 2001 Ross Avenue
 Dallas , TX 75201-2980

TITLE

System and method for selecting a compression algorithm according to an available bandwidth

FILING FEE RECEIVED 409	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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CONFIRMATION NO. 2369

SERIAL NUMBER 09/785,391	FILING DATE 02/15/2001 RULE	CLASS 370	GROUP ART UNIT 2601-2667	ATTORNEY DOCKET NO. 066303.0124
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APPLICANTS

Robert H. Whitcher, Austin, TX;
 David N. Miller, Austin, TX;
 Eric S. Parham, Austin, TX;

** CONTINUING DATA *
NONE AB

** FOREIGN APPLICATIONS ***
NONE AB

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 04/05/2001

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance AB	Examiner's Signature	Initials	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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